

NOV 03 2005 THU 10:18 AM PROCOPIO, CORY, HARGREAV FAX NO. 619

P. 02

PART B - FEE(S) TRANSMITTAL

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7590 08/04/2005

PATRICK J RAWLINS
PROCOPIO CORY HARGREAVES & SAVITCH LLP
530 B STREET SUITE 2100
SAN DIEGO, CA 92101-4469

11/04/2005 TBESHAH2 00000001 502075 09545316

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Shari Herron
(Depositor's name)
Shari Herron
(Signature)
11/3/05
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/545,316	04/07/2000	Brian Dale Ross	252/199	1922

TITLE OF INVENTION: SYSTEM AND METHOD FOR FACILITATING THE PRE-PUBLICATION PEER REVIEW PROCESS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	11/04/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HUYNH, THU V	2178	707-500000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Procopio Cory
 2 Hargreaves & Savitch LLP
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for reexamination as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Neoplasia Press, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Ann Arbor, MI

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 30-207 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Patrick J. Rawlins

Date Nov. 3, 2005

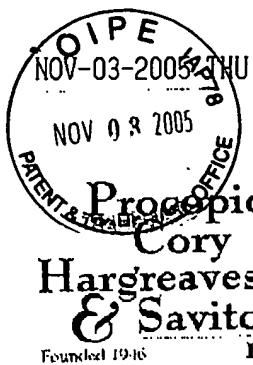
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47,887

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FACSIMILE TRANSMISSION

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TOTAL PAGES, INCLUDING COVER: 3

To:

NAME:	FACSIMILE NO.	TELEPHONE NO.
Mail Stop Issue Fee Commissioner for Patents	571-273-2885	

FROM: Pattric J. Rawlins

RE: Application No. 09/545,316
Confirmation No. 1922
Attorney Docket 110658-005

CC:

MESSAGE:

Attached is Part B - Fee Transmittal with authorization to charge deposit account and certificate of transmission for the above identified application

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Client Name: Neoplasia Press, Inc.
Client/Matter No.: 110658.005
Equitrac No: 8065
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